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Attorneys for Defendants New Jersey Carpenters Funds and United Brotherhood of Carpenters and Joiners of America Local Union No. 02

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

SANDY WILLIAMS,) Hon.
)
Plaintiff,) Civil Action No.:
)
v.)
)
NEW JERSEY CARPENTERS FUNDS and) **NOTICE OF REMOVAL**
UNITED BROTHERHOOD OF CARPENTERS)
AND JOINERS OF AMERICA LOCAL UNION)
NO. 2,)
)
Defendants.)
)
)
)

TO: The Honorable Judges of the United States District Court for the District of New Jersey

Defendant New Jersey Carpenters Funds ("Funds") and United Brotherhood of Carpenters and Joiners of America Local Union No. 2 ("Union") (sometimes collectively referred to herein as "Defendants"), hereby remove this civil action from the Superior Court of New Jersey Law Division, Special Civil Part, Atlantic County to the United States District Court for the District of New Jersey, pursuant to 28 U.S.C. §§ 1331, 1441 & 1446. In support of its Notice of Removal, Defendant states:

1. On or about June 20, 2013, Plaintiff Sandy Williams filed a Complaint in the

Superior Court of New Jersey, Law Division, Special Civil Part, Atlantic County, against Defendants. A true and accurate copy of the Complaint is attached hereto as **Exhibit A**.

2. Defendants received a copy of the Complaint in this action, on June 26, 2013. This Notice of Removal is timely filed pursuant to 28 U.S.C. § 1446(b) because it is filed within thirty (30) days of the date on which Defendant first received the Complaint.

3. As of this date, Defendants have not filed a responsive pleading.

4. The cause of action set forth in the Complaint is for the recovery of benefits allegedly due under the terms of the Fund's plan of benefits and thus this Court has original jurisdiction under the provisions of 28 U.S.C. §1331, 28 U.S.C. §1337, and Section 502(e)(1) and (f) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), 29 U.S.C. §1132(e)(1) and (f), and this matter may be removed to this Court pursuant to the provisions of 28 U.S.C. §1441.

5. This Notice of Removal is filed within the time provided by 28 U.S.C. § 1446(b) and the Federal Rules of Civil Procedure.

6. Upon filing this Notice of Removal, Defendants shall give written notice thereof to Plaintiff shall file copies of said Notice and Notice of Filing of Removal with the Court Clerk, Superior Court of New Jersey, Law Division, Special Civil Part, Atlantic County.

WHEREFORE, Defendants New Jersey Carpenters Funds and United Brotherhood of Carpenters and Joiners of America Local Union No. 02 pray that the above-captioned matter now pending against them in the Superior Court of New Jersey, Law Division, Special Civil Part, Atlantic County, be removed to the United States District Court for the District of New Jersey, where it shall proceed as an action originally commenced therein.

KROLL HEINEMAN CARTON, LLC
Attorneys for Defendants

By: s/ SETH PTASIEWICZ
Seth Ptasiewicz

DATED: July 1, 2013

**CERTIFICATION PURSUANT TO
LOCAL CIVIL RULE 11.2**

I hereby certify that the matter in controversy is not the subject of any other action pending in any court or of any pending arbitration or administrative proceeding.

KROLL HEINEMAN CARTON, LLC
Attorneys for Defendant

By: s/ SETH PTASIEWICZ
Seth Ptasiewicz

Dated: July 1, 2013

EXHIBIT A

SPECIAL CIVIL PART SUMMONS AND RETURN OF SERVICE - FORM B

Plaintiff or Plaintiff's Attorney Information:

Name:

Sandy Williams

Address:

1909 Magellan Ave
ATLANTIC CITY NJ 08401Telephone No.: 504-301-5331Sandy Williams

Plaintiff(s)

versus

New Jersey Carpenters Health Fund

Defendant(s)

Demand Amount:	:	_____
Filing Fee:	:	_____
Service Fee:	:	_____
Attorney's Fees:	:	_____
TOTAL	:	\$0.00

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, SPECIAL CIVIL PART

ATLANTIC COUNTY
1201 BACHARACH BLVD
ATLANTIC CITY, NJ 08401

DC-004806-13

Docket No: _____
(to be provided by the court)

Civil Action

SUMMONS

(Check one): Contract or Tort

Defendant(s) Information: Name, Address & Phone:

<u>United Brotherhood of Carpenters</u>	<u>NJ Carpenters Health Fund</u>
<u>AND JOINERS OF AMERICA</u>	<u>Raritan Plaza II</u>
<u>LOCAL UNION 0255</u>	<u>P.O. Box 7818</u>
<u>3300 S. White Horse Pike</u>	<u>Edison NJ 08818-7818</u>
<u>Hammonton, NJ 08037</u>	

Date Served: _____ Date Served: 06/26/2013ss

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court Use Only)

Docket Number: _____

Date: _____ Time: _____ WM _____ WF _____ BM _____ BF _____ OTHER _____

HT _____ WT _____ AGE _____ HAIR _____ MUSTACHE _____ BEARD _____ GLASSES _____

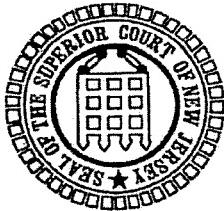
NAME: _____ RELATIONSHIP: _____

Description of Premises: _____

I hereby certify the above to be true and accurate:

Special Civil Part Officer

THE SUPERIOR COURT OF NEW JERSEY
Law Division, Special Civil Part



SUMMONS

RECEIVED

JUL - 1 2013

YOU ARE BEING SUED!

IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS LAWSUIT, YOU MUST FILE A WRITTEN ANSWER WITH THE COURT WITHIN 35 DAYS OR THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached complaint, the person suing you (who is called *the plaintiff*) briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. You are cautioned that if you do not answer the complaint, you may lose the case automatically, and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. *Answer the complaint.* An answer form is available at the Office of the Clerk of the Special Civil Part. The answer form shows you how to respond in writing to the claims stated in the complaint. If you decide to answer, you must send it to the court's address on page 2 and pay a \$15 filing fee with your answer and send a copy of the answer to the plaintiff's lawyer, or to the plaintiff if the plaintiff does not have a lawyer. Both of these steps must be done within 35 days (including weekends) from the date you were "served" (sent the complaint). That date is noted on the next page.

AND/OR

2. *Resolve the dispute.* You may wish to contact the plaintiff's lawyer, or the plaintiff if the plaintiff does not have a lawyer, to resolve this dispute. You do not have to do this unless you want to. This may avoid the entry of a judgment and the plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the court. Negotiating with the plaintiff or the plaintiff's attorney will not stop the 35-day period for filing an answer unless a written agreement is reached and filed with the court.

AND/OR

3. *Get a lawyer.* If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at 609-348-4208. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 609-345-3444.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

La traducción al español se encuentra al dorso de esta página.

Revised 9/2002

Teresa L. Umiker
Clerk of the Special Civil Part

Special Civil Part Complaint

Superior Court Of New Jersey
Law Division, Special Civil Part

Sandy Williams
Plaintiff's Name

County _____
DC-004806-13
Docket No. _____

1909 M Megan Ave
Street Address

Atlantic City, NJ 08401
Town, State, Zip Code

504 - 301 - 5331
Telephone Number

vs.

New Jersey Carpenters Funds
Defendant's Name (Person you are suing)

Raritan Plaza II P.O. Box 7818
Street Address

Edison, N.J. 08818-7818
Town, State, Zip Code

Telephone Number _____

CIVIL ACTION

Complaint

United Brotherhood of
Carpenters AND JOINERS
AMERICAN LOCAL UNION NO
3300 S. White Horse Pk
Hammonston NJ 08037

Type or print the reasons you, the Plaintiff(s), are suing the Defendant(s): (See instruction B)

My primary carrier referred me to go to Princeton for surgery. Surgery was done and living with the foot was not properly done and now it has to be done again. I contacted the funds office and they refused to address this issue with the doctors.
(You may attach more sheets if you need to)

The amount you, the Plaintiff(s), are demanding from the Defendant(s) \$ 15,000 plus interest and \$ _____ for the costs of suing.

At the trial Plaintiff will need: An interpreter: Yes No Indicate Language: _____

An accommodation for a disability: Yes No Indicate Accommodation: _____

I certify that the above matter in controversy is not the subject of any other court action or arbitration proceeding now pending or contemplated, and that no other parties should be joined in this action.

I certify that confidential personal information has been redacted from documents now submitted to the court and will be redacted from all documents submitted in accordance with Rule 1:38-7(b).

Dated: 6-20-13

Sandy Williams
Signature

S. Williams
Name Hand or Printed

RECEIVED
SUPERIOR COURT OF NEW JERSEY
ATLANTIC COUNTY CLERK'S OFFICE
JUN 20 2013
AM 10:19



New Jersey Carpenters Funds

(732) 417-3900 • 1-800-624-3096 • www.njcf.org
Raritan Plaza II, P.O. Box 7818, Edison, N.J. 08818-7818

May 10, 2013

Mr. Sandy Williams
5535 Ridgewood Street
Philadelphia, Pennsylvania 19143-4030

Re: New Jersey Carpenters Health Fund
ID ZJC741027284

Dear Mr. Williams:

Please be advised since you have applied for pension and have received a Social Security Disability Award, we are able to use your banking credits of \$4,678.44 from 2011.

This will reduce your monthly self-payment from April 1, 2013 thru March 31, 2014 as follows:

Level I	\$235	(Hospital and Surgical Benefits)
Level II	\$568	(Hospital, Surgical, Major Medical, & Pharmaceutical Prescription Benefits)

This payment will be due by July 10, 2013, 60 days from the date of this notice. Thereafter all payments must be received by the first of each month. Your level of coverage will not be activated until payment is received. If you decide to purchase the coverage you would need to pay the monthly amount retroactive to your termination date of April 1, 2013.

With regard to authorization for your surgery performed on March 29th, benefits were given to the provider on March 18, 2013 based upon your eligibility at that time. Payment has been made for any and all services, prior to your termination date. However any additional services required after April 1, 2013 will be ineligible unless you elect to purchase this coverage under the terms listed above.

If you have any additional questions, please do not hesitate to contact the Fund Office.

Sincerely
New Jersey Carpenters Health Fund

A handwritten signature in black ink that reads "Jack Sullivan".

Jack Sullivan
Health Benefits Manager

JS/mdh



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FEBRUARY 2013

*Reduce
4/6/13/v1*

SANDY WILLIAMS
5535 RIDGEWOOD STREET
PHILADELPHIA, PA 19143-4030

S.S. 439-08-1220

DEAR PARTICIPANT:

THIS IS TO NOTIFY YOU THAT YOUR BENEFITS UNDER THE NEW JERSEY CARPENTERS HEALTH FUND WILL TERMINATE AS OF MIDNIGHT, MARCH 31, 2013, DUE TO THE FACT THAT YOU DO NOT MEET THE ELIGIBILITY REQUIREMENTS FOR CONTINUED COVERAGE.

PLEASE BE ADVISED THAT THIS NOTICE IS BEING SENT TO YOU BEFORE MARCH 31ST, THE END OF THE BENEFIT PLAN YEAR, AND THAT IF ADDITIONAL CONTRIBUTIONS ARE RECEIVED, OR OTHER CREDITS ARE DUE ON YOUR BEHALF, PROPER ADJUSTMENT WILL BE MADE AND NOTIFICATION WILL BE SENT TO YOU.

UNDER THE PROVISIONS OF THE PLAN, IF YOU WORKED IN AN OUTSIDE AREA AND CONTRIBUTIONS WERE MADE ON YOUR BEHALF TO A HEALTH FUND WITH WHICH WE HAVE A RECIPROCAL AGREEMENT, WE WILL REQUEST THE TRANSFER OF YOUR CONTRIBUTIONS ONCE YOU HAVE REQUESTED A RECIPROCAL TRANSFER REQUEST FORM, COMPLETED SAME AND RETURNED IT TO THIS OFFICE.

PLEASE BE ADVISED THAT BANKING HOURS WILL BE TAKEN INTO CONSIDERATION AS LONG AS YOU HAVE AT LEAST 250 HOURS OR \$2000.00 IN CURRENT YEAR CONTRIBUTIONS.

PLEASE CONTACT THE FUND OFFICE IF YOU HAVE ANY QUESTIONS.

VERY TRULY YOURS,
NEW JERSEY CARPENTERS FUNDS
GEORGE R. LAUFENBERG
ADMINISTRATIVE MANAGER



New Jersey Carpenters Funds

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RE: CONTINUATION OF HEALTH COVERAGE UNDER COBRA

YOU MAY ELECT TO CONTINUE COVERAGE THROUGH THE NEW JERSEY CARPENTERS HEALTH FUND FOR A PERIOD OF 18 MONTHS. YOUR CONTINUED COVERAGE WILL BE THE SAME AS PROVIDED ALL ACTIVE EMPLOYEES COVERED UNDER THE PLAN.

IF YOU ARE PERMANENTLY AND TOTALLY DISABLED AS DEFINED UNDER THE SOCIAL SECURITY ACT AT THE TIME OF THE QUALIFYING EVENT, YOU MAY CONTINUE COVERAGE FOR AN ADDITIONAL 11 MONTHS (29 MONTHS TOTAL) PROVIDED YOU ADVISE THE FUND OFFICE OF YOUR DISABILITY WITHIN 60 DAYS OF THE DETERMINATION DATE.

COST OF CONTINUATION BENEFITS:

IF YOU ELECT TO CONTINUE COVERAGE, YOUR CURRENT MONTHLY COST FOR CONTINUING BENEFITS IS AS FOLLOWS:

LEVEL 1	625.00
LEVEL 2	958.00

NO DEATH OR DISMEMBERMENT BENEFITS ARE OFFERED UNDER COBRA

ELECTION AND PAYMENT FOR COVERAGE:

TO ELECT CONTINUATION OF BENEFITS, PLEASE COMPLETE AND RETURN THE ENCLOSED ELECTION FORM IMMEDIATELY. PAYMENT FOR COVERAGE SHOULD BE REMITTED WITH YOUR ELECTION FORM. WHEN YOUR PAYMENT IS RECEIVED, YOUR BENEFITS WILL BE REINSTATED RETROACTIVE TO YOUR TERMINATION DATE. IF YOU CHOOSE NOT TO SUMBIT PAYMENT WITH THE ELECTION FORM, YOU WILL BE GIVEN 45 DAYS FROM THE DATE OF YOUR ELECTION TO PAY FOR YOUR RETROACTIVE COVERAGE. AT THAT TIME, YOU MUST PAY FOR FOUR MONTHS OF COVERAGE:

- (1) COVERAGE DURING THE 60 DAY ELECTION PERIOD;
- (2) COVERAGE DURING THE 45 DAY PAYMENT PERIOD; AND
- (3) COVERAGE DURING THE REMAINDER OF THE MONTH.

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE NEW JERSEY CARPENTERS HEALTH FUND. PLEASE INDICATE YOUR I.D.# ON THE CHECK.



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THEREAFTER, YOUR REGULAR MONTHLY PAYMENTS MUST BE RECEIVED IN THIS OFFICE BY THE FIRST OF EACH MONTH.

IF WE DO NOT RECEIVE YOUR ELECTION WITHIN 60 DAYS OF YOUR TERMINATION DATE, YOUR RIGHTS UNDER C.O.B.R.A. WILL AUTOMATICALLY BE TERMINATED.

TERMINATION OF COVERAGE:

YOUR CONTINUATION COVERAGE WILL BE TERMINATED 18 MONTHS AFTER THE QUALIFYING EVENT. HOWEVER CONTINUATION BENEFITS FOR ANY COVERED PERSON WILL BE TERMINATED EARLIER IF:

1. PAYMENT IS NOT RECEIVED IN OUR OFFICE ON A TIMELY BASIS;
2. THE PERSON BECOMES COVERED BY ANOTHER GROUP PLAN THROUGH EMPLOYMENT OR MARRIAGE;
3. THE PERSON BECOMES ELIGIBLE FOR MEDICARE; OR
4. THE NEW JERSEY CARPENTERS HEALTH FUND TERMINATED COVERAGE FOR ALL EMPLOYEES.





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CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

1. Date of this certificate: FEBRUARY 21, 2013
2. Name of group health plan: New Jersey Carpenters Health Fund
3. Name of participant: SANDY WILLIAMS
4. Identification number of participant: ZJC741027284
5. Name of any dependents to whom this certificate applies:
THERESA
6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:

New Jersey Carpenters Health Fund
Raritan Plaza II
P.O. Box 7818
Edison, N.J. 08818-7818
732-417-3900
7. For further information, call: 732-417-3900
8. If the individual(s) identified in line 3 and line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here and skip lines 9 and 10.
9. Date waiting period or affiliation period (if any) began:
10. Date coverage began: 04-01-2012
11. Date coverage ended: 04-01-2013 (or check if coverage is continuing as of the date of this certificate:).

